L140000 71744

(Re	equestor's Name)	
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<u></u>	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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May 3, 2016

WILFRED MARTINEZ 1900 NW CORPORATE BLVD SUITE 100W BOCA RATON, FL 33431

SUBJECT: WGR HOLDINGS TREASURE COAST, LLC

Ref. Number: L16000071744

We have received your document for WGR HOLDINGS TREASURE COAST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00009143

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

-COVER LETTER

TO:	Registration Sec Division of Corp				
cun u		ngs Treasure Coast, LLC			
SUBJI	EC1:	Name of Lim	ited Liability Company		
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	dence concerning this matter	to the following:		
		WILFRI	ED MARTINEZ		
			Name of Person		
		<u>-, . ,</u>	Firm/Company		
	1900 NW CORPORATE BLVD, SUITE 100W				
			Address	 	
		BOO	BOCA RATON, FL 33431		
			City/State and Zip Code		
D C		·	to be used for future annual report notifi	cation)	
		ncerning this matter, please ca			
WILF	RED MARTINEZ		561 447-6602 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for the	e following amount:		•	
□ \$ 2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

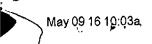
MAILING ADDRESS:

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



TO ARTICLES OF ORGANIZATION OF

WGR HOLDINGS TREASURE COAST, LL		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	npany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number	on and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
WGR HOLDINGS MELBOURNE, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	3	, .E.
3		pacts T
Enter new mailing address, if applicable:		£ 1 2
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	<u> </u>	
B. If amending the registered agent and/or registered office address here: registered agent and/or the new registered office address here:	ress on our records, enter the name of	the
Name of New Registered Agent:		
New Registered Office Address:		
	inter Florida street address	
	, Florida	
City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□ Remove .
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Page 3 of 3

Filing Fee: \$25.00